

<i>SERFF Tracking Number:</i>	<i>PHYS-126776700</i>	<i>State:</i>	<i>California</i>
<i>Filing Company:</i>	<i>Physicians Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>PF-2010-01732</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H15I Individual Health - Hospital/Surgical/Medical Expense</i>	<i>Sub-TOI:</i>	<i>H15I.001 Health - Hospital/Surgical/Medical Expense</i>
<i>Product Name:</i>	<i>HMS</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Physicians Mutual Insurance Company

Product Name: HMS

SERFF Tr Num: PHYS-126776700 State: California

TOI: H15I Individual Health -

SERFF Status: Assigned

State Tr Num: PF-2010-01732

Hospital/Surgical/Medical Expense

Sub-TOI: H15I.001 Health -

Co Tr Num:

State Status:

Hospital/Surgical/Medical Expense

Filing Type: Rate

Reviewer(s): Angela Jang, Marsha
Seeley, Sai-on Sam, Ali Zaker-
Shahrak, Xiangchen Meng

Authors: Tracy Comba, Richie
Hinman

Disposition Date:

Date Submitted: 08/19/2010

Disposition Status:

Implementation Date Requested: 11/01/2010

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact: 19%

Group Market Type:

Filing Status Changed: 08/19/2010

Explanation for Other Group Market Type:

State Status Changed:

Deemer Date:

Created By: Tracy Comba

Submitted By: Tracy Comba

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

Filing Description:

Rate Increase Filing for:

Policy P196 with Rider R184 and Rider R184

Policy P231 and Rider R269;

Policy P232, Rider R267 and Rider R272

<i>SERFF Tracking Number:</i>	<i>PHYS-126776700</i>	<i>State:</i>	<i>California</i>
<i>Filing Company:</i>	<i>Physicians Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>PF-2010-01732</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H151 Individual Health - Hospital/Surgical/Medical Expense</i>	<i>Sub-TOI:</i>	<i>H151.001 Health - Hospital/Surgical/Medical Expense</i>
<i>Product Name:</i>	<i>HMS</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Enclosed are current and revised rate schedules and actuarial memorandums for the above listed policy and rider forms.

The R184 was used exclusively with the P196. Both the policy and the rider have been discontinued for new sales.

The R269 was optionally issued exclusively with the P231. The R267 was mandatorily issued exclusively with the P232. The R272 was optionally issued exclusively with the P232. All of these policies and riders have been discontinued for new sales.

Although a larger increase is indicated based on our past experience, we propose a 19% increase for P196/R184, for P231/R269 as well as the P232/R267/R272. We are assuming an effective date of November 1, 2010, for these proposed increases. No change is proposed at this time for the P196 without the R184 rider.

As composite rates are now required by your state, the new proposed rates reflect composite rates for All Adults. The rates which were previously for females only have been moved to the same rates as the male rates. All male and female rates are now labeled "All Adults." The Dependent Children rates remain in the same form. Please note that only one female policyholder is affected by this change. Her rates will reduce by 20% prior to applying the 19% increase proposed within this filing.

We look forward to your approval of this filing. If you have any questions, or need any additional information, please call me at 1-800-228-9100 extension 5782 or at my e-mail address richie.hinman@physiciansmutual.com.

Company and Contact

Filing Contact Information

Richie Hinman, Re-Rating Supervisor
2600 Dodge Street
Omaha, NE 68131

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402-633-5782 [Phone]
402-633-1096 [FAX]

Filing Company Information

Physicians Mutual Insurance Company
2600 Dodge Street
Omaha, NE 68131
(402) 633-1188 ext. [Phone]

CoCode: 80578	State of Domicile: Nebraska
Group Code: 367	Company Type:
Group Name:	State ID Number:
FEIN Number: 47-0270450	

SERFF Tracking Number:	PHYS-126776700	State:	California
Filing Company:	Physicians Mutual Insurance Company	State Tracking Number:	PF-2010-01732
Company Tracking Number:			
TOI:	H15I Individual Health - Hospital/Surgical/Medical Expense	Sub-TOI:	H15I.001 Health - Hospital/Surgical/Medical Expense
Product Name:	HMS		
Project Name/Number:	/		

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Physicians Mutual Insurance Company	\$0.00		

SERFF Tracking Number:	PHYS-126776700	State:	California
Filing Company:	Physicians Mutual Insurance Company	State Tracking Number:	PF-2010-01732
Company Tracking Number:			
TOI:	H151 Individual Health - Hospital/Surgical/Medical Expense	Sub-TOI:	H151.001 Health - Hospital/Surgical/Medical Expense
Product Name:	HMS		
Project Name/Number:	/		

Rate Information

Rate data applies to filing.

Filing Method:	Serff
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	5.700%
Effective Date of Last Rate Revision:	11/01/2008
Filing Method of Last Filing:	Serff

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Physicians Mutual Insurance Company	19.000%	19.000%	\$7,592	5	\$39,960	19.000%	19.000%

<i>SERFF Tracking Number:</i>	<i>PHYS-126776700</i>	<i>State:</i>	<i>California</i>
<i>Filing Company:</i>	<i>Physicians Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>PF-2010-01732</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H15I Individual Health - Hospital/Surgical/Medical Expense</i>	<i>Sub-TOI:</i>	<i>H15I.001 Health - Hospital/Surgical/Medical Expense</i>
<i>Product Name:</i>	<i>HMS</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate Action Information:	Attachments
	Rate Pages	P196/R184, P231, R269, P232, R267, R272	Revised	Previous State Filing Number: Percent Rate Change Request: 19.000	CA_2010_196.pdf CA_2010_231.pdf STD_2010_Natio nalAREA_P196_ P231_P232.pdf

CURRENT RATE SCHEDULES

PHYSICIANS MUTUAL INSURANCE COMPANY

Omaha, Nebraska

FORM P196 SERIES

Monthly Premiums

POLICIES WITH RIDER R184 ATTACHED

		\$50 Daily Room Benefit	Each \$10 Daily Increment
Age Group			
Male	Thru 24	\$14.63	\$2.00
	25-29	\$16.39	\$2.43
	30-34	\$19.51	\$3.07
	35-39	\$22.81	\$3.75
	40-44	\$26.86	\$4.63
	45-49	\$32.92	\$5.92
	50-54	\$40.96	\$7.65
	55-59	\$50.36	\$9.67
	60-63	\$57.38	\$11.17
Female	Thru 24	\$11.78	\$2.07
	25-29	\$14.71	\$2.69
	30-34	\$18.08	\$3.30
	35-39	\$21.02	\$3.90
	40-44	\$23.21	\$4.35
	45-49	\$24.47	\$4.61
	50-54	\$25.62	\$4.80
	55-59	\$27.17	\$5.06
	60-63	\$28.87	\$5.35
Children	1 or 2	\$7.69	\$1.76
	3 or more	\$15.39	\$3.52

To determine the quarterly, semiannual and annual rates, multiply the above quoted monthly rates by 2.864, 5.618, and 10.909, respectively.

Add \$6.00 Policy Fee (\$10.00 for Family Plan) to first premium only.

PHYSICIANS MUTUAL INSURANCE COMPANY

Omaha, Nebraska

FORM P196 SERIES

Monthly Premiums

Outpatient X-Ray and Laboratory Benefit

POLICIES WITH RIDER R184 ATTACHED

Age Group		\$100	\$200	\$300	\$400
Male	Thru 24	\$47.91	\$73.80	\$87.56	\$95.17
	25-29	\$47.91	\$73.80	\$87.56	\$95.17
	30-34	\$47.91	\$73.80	\$87.56	\$95.17
	35-39	\$47.91	\$73.80	\$87.56	\$95.17
	40-44	\$47.91	\$73.80	\$87.56	\$95.17
	45-49	\$47.91	\$73.80	\$87.56	\$95.17
	50-54	\$47.91	\$77.18	\$92.27	\$101.14
	55-59	\$49.12	\$80.68	\$97.04	\$106.51
	60-63	\$49.60	\$82.31	\$99.51	\$109.11
Female	Thru 24	\$62.22	\$96.37	\$113.75	\$123.23
	25-29	\$62.46	\$98.67	\$116.83	\$127.33
	30-34	\$63.97	\$101.50	\$120.93	\$131.92
	35-39	\$65.35	\$104.52	\$124.98	\$136.56
	40-44	\$68.31	\$110.01	\$131.43	\$143.80
	45-49	\$72.35	\$117.49	\$140.67	\$153.88
	50-54	\$77.18	\$125.34	\$150.02	\$163.84
	55-59	\$78.57	\$126.97	\$151.89	\$166.07
	60-63	\$78.57	\$126.97	\$151.89	\$166.07
Children	1 or 2	\$31.92	\$60.71	\$76.70	\$86.17
	3 or more	\$63.97	\$121.48	\$153.40	\$172.47

To determine the quarterly, semiannual and annual rates, multiply the above quoted monthly rates by 2.864, 5.618, and 10.909, respectively.

PHYSICIANS MUTUAL INSURANCE COMPANY

Omaha, Nebraska

FORM P196 SERIES

Monthly Premiums

Surgical and In-Hospital Medical Benefit

POLICIES WITH RIDER R184 ATTACHED

		\$1,000	Each \$500
Age Group		Maximum Benefit	Increment
Male	Thru 24	\$38.02	\$8.75
	25-29	\$41.88	\$10.08
	30-34	\$46.89	\$12.07
	35-39	\$52.38	\$14.48
	40-44	\$59.08	\$17.32
	45-49	\$68.31	\$21.06
	50-54	\$79.42	\$25.95
	55-59	\$90.76	\$30.78
	60-63	\$97.40	\$33.67
Female	Thru 24	\$119.36	\$35.42
	25-29	\$129.32	\$39.77
	30-34	\$132.94	\$43.39
	35-39	\$132.94	\$43.39
	40-44	\$132.94	\$43.39
	45-49	\$132.94	\$43.39
	50-54	\$132.94	\$43.39
	55-59	\$132.94	\$43.39
	60-63	\$132.94	\$43.39
Children	1 or 2	\$38.92	\$17.98
	3 or more	\$77.79	\$35.91

To determine the quarterly, semiannual and annual rates, multiply the above quoted monthly rates by 2.864, 5.618, and 10.909, respectively.

PHYSICIANS MUTUAL INSURANCE COMPANY

Omaha, Nebraska

FORM P196 SERIES

Monthly Premiums

Miscellaneous Hospital Expense

POLICIES WITH RIDER R184 ATTACHED

The monthly premiums for miscellaneous hospital expenses have a zero deductible. The insured may elect 1) zero deductible, 2) \$500 deductible, or 3) \$2,500 deductible. If a \$500 or \$2,500 deductible is elected, the appropriate amount must be subtracted from the premiums which reflect a zero deductible. These amounts are shown below:

		Deductible	
	Age Group	\$500	\$2,500
	-----	-----	-----
Male	Thru 24	\$45.74	\$86.90
	25-29	\$54.01	\$102.77
	30-34	\$64.69	\$123.11
	35-39	\$77.97	\$148.39
	40-44	\$92.75	\$176.45
	45-49	\$107.23	\$204.27
	50-54	\$121.84	\$231.79
	55-59	\$134.69	\$256.65
	60-63	\$137.77	\$262.75
Female	Thru 24	\$90.28	\$171.99
	25-29	\$101.98	\$194.25
	30-34	\$107.48	\$204.63
	35-39	\$118.10	\$224.85
	40-44	\$124.80	\$237.82
	45-49	\$124.43	\$237.04
	50-54	\$119.73	\$228.05
	55-59	\$111.46	\$212.36
	60-63	\$99.27	\$188.94
Children	1 or 2	\$46.16	\$87.68
	3 or more	\$92.27	\$175.30

To determine the quarterly, semiannual and annual rates, multiply the above quoted monthly rates by 2.864, 5.618, and 10.909, respectively

PHYSICIANS MUTUAL INSURANCE COMPANY

Omaha, Nebraska

FORM P196 SERIES

Monthly Premiums

POLICIES WITH RIDER R184 ATTACHED

Miscellaneous Hospital Expense
No Deductible

	Age Group	\$2,500	\$5,000	\$7,500	\$15,000
	-----	-----	-----	-----	-----
Male	Thru 24	\$141.93	\$149.42	\$154.49	\$168.24
	25-29	\$162.33	\$171.20	\$177.05	\$193.41
	30-34	\$184.42	\$195.16	\$202.28	\$221.71
	35-39	\$212.48	\$225.21	\$233.84	\$257.13
	40-44	\$243.31	\$258.52	\$268.48	\$296.54
	45-49	\$271.50	\$289.06	\$300.76	\$332.81
	50-54	\$298.41	\$318.20	\$331.48	\$367.75
	55-59	\$322.49	\$344.27	\$358.88	\$398.89
	60-63	\$326.71	\$349.04	\$364.01	\$404.92
Female	Thru 24	\$234.20	\$248.93	\$258.88	\$286.04
	25-29	\$257.98	\$274.94	\$286.04	\$317.00
	30-34	\$268.72	\$286.70	\$298.53	\$330.69
	35-39	\$291.77	\$311.02	\$323.82	\$359.24
	40-44	\$291.77	\$311.02	\$323.82	\$359.24
	45-49	\$291.77	\$311.02	\$323.82	\$359.24
	50-54	\$291.77	\$311.02	\$323.82	\$359.24
	55-59	\$291.77	\$311.02	\$323.82	\$359.24
	60-63	\$291.77	\$311.02	\$323.82	\$359.24
Children	1 or 2	\$143.02	\$154.49	\$161.97	\$191.54
	3 or more	\$286.04	\$309.03	\$324.00	\$383.07

To determine the quarterly, semiannual and annual rates, multiply the above quoted monthly rates by 2.864, 5.618, and 10.909, respectively.

PHYSICIANS MUTUAL INSURANCE COMPANY

Omaha, Nebraska

TABLE OF RATES

CATASTROPHIC MEDICAL EXPENSE RIDER
Form R184 Series

		Monthly Premium When Attached To the Basic Policy With The "PB30" Coverage Combination And Subject To A Benefit Period Deductible Of:			Monthly Premium When Attached To the Basic Policy With The "PB40" Coverage Combination And Subject To A Benefit Period Deductible Of:		
	Principle Insured Issue Age	\$0	\$500	\$2500	\$0	\$500	\$2500
Male	18-24	\$393.45	\$382.23	\$336.19	\$317.12	\$314.46	\$305.53
	25-29	\$448.07	\$433.83	\$381.81	\$360.87	\$357.49	\$345.90
	30-34	\$491.58	\$475.83	\$418.62	\$388.93	\$384.70	\$372.33
	35-39	\$534.48	\$516.50	\$454.04	\$414.39	\$409.39	\$395.93
	40-44	\$581.97	\$563.39	\$494.65	\$440.83	\$435.70	\$421.76
	45-49	\$754.44	\$730.36	\$641.48	\$544.32	\$537.08	\$518.49
	50-54	\$897.34	\$867.05	\$762.05	\$679.86	\$671.41	\$648.96
	55-59	\$1,104.09	\$1,068.42	\$939.34	\$835.85	\$827.10	\$800.18
	60-63	\$1,221.94	\$1,190.26	\$1,045.97	\$922.75	\$918.04	\$893.60
Female	18-24	\$484.58	\$467.98	\$410.53	\$252.79	\$249.77	\$241.26
	25-29	\$553.31	\$535.33	\$469.37	\$288.45	\$285.07	\$275.24
	30-34	\$687.70	\$668.03	\$586.44	\$419.77	\$416.99	\$404.92
	35-39	\$828.25	\$811.17	\$712.68	\$563.39	\$557.78	\$540.94
	40-44	\$953.95	\$923.41	\$812.01	\$702.55	\$695.30	\$673.10
	45-49	\$1,229.55	\$1,184.29	\$1,043.50	\$984.48	\$968.79	\$932.89
	50-54	\$1,513.71	\$1,459.22	\$1,286.99	\$1,275.77	\$1,256.70	\$1,210.96
	55-59	\$1,812.49	\$1,756.12	\$1,549.86	\$1,580.21	\$1,563.98	\$1,515.34
	60-63	\$1,855.15	\$1,819.00	\$1,605.14	\$1,613.83	\$1,605.74	\$1,581.06
	Children	\$376.20	\$363.64	\$292.68	\$322.97	\$320.98	\$311.99

To determine the quarterly, semi-annual and annual rates, multiply the above-quoted monthly rates by 2.864, 5.618, and 10.909 respectively.

PHYSICIANS MUTUAL INSURANCE COMPANY

Omaha, Nebraska

FORM P196 SERIES

Monthly Premiums

POLICIES WITHOUT RIDER R184 ATTACHED

		\$50 Daily Room Benefit	Each \$10 Daily Increment
Age Group			
Male	Thru 24	\$7.08	\$0.90
	25-29	\$7.93	\$1.09
	30-34	\$9.44	\$1.38
	35-39	\$11.04	\$1.69
	40-44	\$13.00	\$2.09
	45-49	\$15.93	\$2.66
	50-54	\$19.82	\$3.45
	55-59	\$24.37	\$4.35
	60-63	\$27.77	\$5.03
Female	Thru 24	\$5.70	\$0.93
	25-29	\$7.12	\$1.21
	30-34	\$8.75	\$1.49
	35-39	\$10.17	\$1.75
	40-44	\$11.23	\$1.96
	45-49	\$11.84	\$2.08
	50-54	\$12.40	\$2.16
	55-59	\$13.15	\$2.28
	60-63	\$13.97	\$2.41
Children	1 or 2	\$3.72	\$0.79
	3 or more	\$7.45	\$1.58

To determine the quarterly, semiannual and annual rates, multiply the above quoted monthly rates by 2.864, 5.618, and 10.909, respectively.

Add \$6.00 Policy Fee (\$10.00 for Family Plan) to first premium only.

PHYSICIANS MUTUAL INSURANCE COMPANY

Omaha, Nebraska

FORM P196 SERIES

Monthly Premiums

Outpatient X-Ray and Laboratory Benefit

POLICIES WITHOUT RIDER R184 ATTACHED

	Age Group	\$100	\$200	\$300	\$400
Male	Thru 24	\$5.60	\$8.63	\$10.23	\$11.12
	25-29	\$5.60	\$8.63	\$10.23	\$11.12
	30-34	\$5.60	\$8.63	\$10.23	\$11.12
	35-39	\$5.60	\$8.63	\$10.23	\$11.12
	40-44	\$5.60	\$8.63	\$10.23	\$11.12
	45-49	\$5.60	\$8.63	\$10.23	\$11.12
	50-54	\$5.60	\$9.02	\$10.78	\$11.82
	55-59	\$5.74	\$9.43	\$11.34	\$12.45
	60-63	\$5.80	\$9.62	\$11.63	\$12.75
Female	Thru 24	\$7.27	\$11.26	\$13.29	\$14.40
	25-29	\$7.30	\$11.53	\$13.65	\$14.88
	30-34	\$7.48	\$11.86	\$14.14	\$15.42
	35-39	\$7.64	\$12.21	\$14.60	\$15.96
	40-44	\$7.99	\$12.85	\$15.36	\$16.80
	45-49	\$8.45	\$13.73	\$16.44	\$17.98
	50-54	\$9.02	\$14.65	\$17.53	\$19.15
	55-59	\$9.18	\$14.84	\$17.75	\$19.41
	60-63	\$9.18	\$14.84	\$17.75	\$19.41
Children	1 or 2	\$3.73	\$7.10	\$8.96	\$10.07
	3 or more	\$7.48	\$14.19	\$17.92	\$20.15

To determine the quarterly, semiannual and annual rates, multiply the above quoted monthly rates by 2.864, 5.618, and 10.909, respectively.

PHYSICIANS MUTUAL INSURANCE COMPANY

Omaha, Nebraska

FORM P196 SERIES

Monthly Premiums

Surgical and In-Hospital Medical Benefit

POLICIES WITHOUT RIDER R184 ATTACHED

		\$1,000	Each \$500
Age Group		Maximum Benefit	Increment
Male	Thru 24	\$4.44	\$1.02
	25-29	\$4.90	\$1.18
	30-34	\$5.48	\$1.41
	35-39	\$6.12	\$1.69
	40-44	\$6.91	\$2.03
	45-49	\$7.99	\$2.46
	50-54	\$9.28	\$3.03
	55-59	\$10.61	\$3.60
	60-63	\$11.38	\$3.93
Female	Thru 24	\$13.95	\$4.14
	25-29	\$15.11	\$4.65
	30-34	\$15.53	\$5.07
	35-39	\$15.53	\$5.07
	40-44	\$15.53	\$5.07
	45-49	\$15.53	\$5.07
	50-54	\$15.53	\$5.07
	55-59	\$15.53	\$5.07
	60-63	\$15.53	\$5.07
Children	1 or 2	\$4.55	\$2.10
	3 or more	\$9.09	\$4.20

To determine the quarterly, semiannual and annual rates, multiply the above quoted monthly rates by 2.864, 5.618, and 10.909, respectively.

PHYSICIANS MUTUAL INSURANCE COMPANY

Omaha, Nebraska

FORM P196 SERIES
Monthly Premiums

Miscellaneous Hospital Expense

POLICIES WITHOUT RIDER R184 ATTACHED

The monthly premiums for miscellaneous hospital expenses have a zero deductible. The insured may elect 1) zero deductible, 2) \$500 deductible, or 3) \$2,500 deductible. If a \$500 or \$2,500 deductible is elected, the appropriate amount must be subtracted from the premiums which reflect a zero deductible. These amounts are shown below:

	Age Group	\$500	Deductible \$2,500
		-----	-----
Male	Thru 24	\$5.35	\$10.16
	25-29	\$6.31	\$12.01
	30-34	\$7.56	\$14.38
	35-39	\$9.11	\$17.34
	40-44	\$10.84	\$20.62
	45-49	\$12.53	\$23.87
	50-54	\$14.24	\$27.09
	55-59	\$15.74	\$29.99
	60-63	\$16.10	\$30.71
Female	Thru 24	\$10.55	\$20.10
	25-29	\$11.92	\$22.70
	30-34	\$12.56	\$23.91
	35-39	\$13.80	\$26.27
	40-44	\$14.59	\$27.79
	45-49	\$14.54	\$27.70
	50-54	\$13.99	\$26.65
	55-59	\$13.03	\$24.82
	60-63	\$11.60	\$22.08
Children	1 or 2	\$5.39	\$10.24
	3 or more	\$10.78	\$20.49

To determine the quarterly, semiannual and annual rates, multiply the above quoted monthly rates by 2.864, 5.618, and 10.909, respectively.

PHYSICIANS MUTUAL INSURANCE COMPANY

Omaha, Nebraska

FORM P196 SERIES

Monthly Premiums

POLICIES WITHOUT RIDER R184 ATTACHED

Miscellaneous Hospital Expense
No Deductible

	Age Group	\$2,500	\$5,000	\$7,500	\$15,000
	-----	-----	-----	-----	-----
Male	Thru 24	\$16.58	\$17.46	\$18.06	\$19.66
	25-29	\$18.97	\$20.01	\$20.69	\$22.60
	30-34	\$21.55	\$22.81	\$23.64	\$25.91
	35-39	\$24.83	\$26.32	\$27.32	\$30.05
	40-44	\$28.43	\$30.21	\$31.38	\$34.65
	45-49	\$31.73	\$33.78	\$35.15	\$38.90
	50-54	\$34.87	\$37.19	\$38.73	\$42.98
	55-59	\$37.69	\$40.24	\$41.94	\$46.62
	60-63	\$38.18	\$40.79	\$42.54	\$47.32
Female	Thru 24	\$27.37	\$29.09	\$30.25	\$33.43
	25-29	\$30.15	\$32.13	\$33.43	\$37.04
	30-34	\$31.40	\$33.50	\$34.89	\$38.65
	35-39	\$34.10	\$36.34	\$37.85	\$41.98
	40-44	\$34.10	\$36.34	\$37.85	\$41.98
	45-49	\$34.10	\$36.34	\$37.85	\$41.98
	50-54	\$34.10	\$36.34	\$37.85	\$41.98
	55-59	\$34.10	\$36.34	\$37.85	\$41.98
	60-63	\$34.10	\$36.34	\$37.85	\$41.98
Children	1 or 2	\$16.72	\$18.06	\$18.93	\$22.38
	3 or more	\$33.43	\$36.11	\$37.86	\$44.77

To determine the quarterly, semiannual and annual rates, multiply the above quoted monthly rates by 2.864, 5.618, and 10.909, respectively.

PROPOSED RATE SCHEDULES

PHYSICIANS MUTUAL INSURANCE COMPANY

Omaha, Nebraska

FORM P196 SERIES

Monthly Premiums

POLICIES WITH RIDER R184 ATTACHED

Age Group		\$50 Daily Room Benefit	Each \$10 Daily Increment
All Adults	Thru 24	\$14.63	\$2.00
	25-29	\$16.39	\$2.43
	30-34	\$19.51	\$3.07
	35-39	\$22.81	\$3.75
	40-44	\$26.86	\$4.63
	45-49	\$32.92	\$5.92
	50-54	\$40.96	\$7.65
	55-59	\$50.36	\$9.67
	60-63	\$57.38	\$11.17
Children	1 or 2	\$7.69	\$1.76
	3 or more	\$15.39	\$3.52

To determine the quarterly, semiannual and annual rates, multiply the above quoted monthly rates by 2.864, 5.618, and 10.909, respectively.

Add \$6.00 Policy Fee (\$10.00 for Family Plan) to first premium only.

PHYSICIANS MUTUAL INSURANCE COMPANY

Omaha, Nebraska

FORM P196 SERIES

Monthly Premiums

Outpatient X-Ray and Laboratory Benefit

POLICIES WITH RIDER R184 ATTACHED

Age Group		\$100	\$200	\$300	\$400
All Adults	Thru 24	\$57.02	\$87.83	\$104.20	\$113.25
	25-29	\$57.02	\$87.83	\$104.20	\$113.25
	30-34	\$57.02	\$87.83	\$104.20	\$113.25
	35-39	\$57.02	\$87.83	\$104.20	\$113.25
	40-44	\$57.02	\$87.83	\$104.20	\$113.25
	45-49	\$57.02	\$87.83	\$104.20	\$113.25
	50-54	\$57.02	\$91.85	\$109.80	\$120.36
	55-59	\$58.45	\$96.01	\$115.47	\$126.75
	60-63	\$59.03	\$97.95	\$118.42	\$129.84
Children	1 or 2	\$37.99	\$72.24	\$91.27	\$102.55
	3 or more	\$76.12	\$144.56	\$182.54	\$205.24

To determine the quarterly, semiannual and annual rates, multiply the above quoted monthly rates by 2.864, 5.618, and 10.909, respectively.

PHYSICIANS MUTUAL INSURANCE COMPANY

Omaha, Nebraska

FORM P196 SERIES

Monthly Premiums

Surgical and In-Hospital Medical Benefit

POLICIES WITH RIDER R184 ATTACHED

Age Group		\$1,000 Maximum Benefit	Each \$500 Increment
All Adults	Thru 24	\$45.24	\$10.41
	25-29	\$49.84	\$11.99
	30-34	\$55.80	\$14.36
	35-39	\$62.33	\$17.23
	40-44	\$70.30	\$20.61
	45-49	\$81.29	\$25.06
	50-54	\$94.50	\$30.88
	55-59	\$108.00	\$36.62
Children	60-63	\$115.90	\$40.07
	1 or 2	\$46.32	\$21.40
	3 or more	\$92.56	\$42.73

To determine the quarterly, semiannual and annual rates, multiply the above quoted monthly rates by 2.864, 5.618, and 10.909, respectively.

PHYSICIANS MUTUAL INSURANCE COMPANY

Omaha, Nebraska

FORM P196 SERIES

Monthly Premiums

Miscellaneous Hospital Expense

POLICIES WITH RIDER R184 ATTACHED

The monthly premiums for miscellaneous hospital expenses have a zero deductible. The insured may elect 1) zero deductible, 2) \$500 deductible, or 3) \$2,500 deductible. If a \$500 or \$2,500 deductible is elected, the appropriate amount must be subtracted from the premiums which reflect a zero deductible. These amounts are shown below:

		Deductible	
Age Group		\$500	\$2,500
-----		-----	-----
All Adults	Thru 24	\$54.43	\$103.41
	25-29	\$64.27	\$122.29
	30-34	\$76.98	\$146.50
	35-39	\$92.78	\$176.58
	40-44	\$110.37	\$209.98
	45-49	\$127.61	\$243.08
	50-54	\$144.99	\$275.83
	55-59	\$160.28	\$305.41
	60-63	\$163.95	\$312.67
Children	1 or 2	\$54.94	\$104.34
	3 or more	\$109.80	\$208.61

To determine the quarterly, semiannual and annual rates, multiply the above quoted monthly rates by 2.864, 5.618, and 10.909, respectively.

PHYSICIANS MUTUAL INSURANCE COMPANY

Omaha, Nebraska

FORM P196 SERIES

Monthly Premiums

POLICIES WITH RIDER R184 ATTACHED

Miscellaneous Hospital Expense
No Deductible

	Age Group	\$2,500	\$5,000	\$7,500	\$15,000
		-----	-----	-----	-----
All Adults	Thru 24	\$168.90	\$177.81	\$183.84	\$200.21
	25-29	\$193.17	\$203.73	\$210.69	\$230.16
	30-34	\$219.46	\$232.24	\$240.71	\$263.84
	35-39	\$252.85	\$268.00	\$278.27	\$305.99
	40-44	\$289.54	\$307.64	\$319.49	\$352.88
	45-49	\$323.08	\$343.98	\$357.91	\$396.04
	50-54	\$355.11	\$378.66	\$394.46	\$437.62
	55-59	\$383.76	\$409.68	\$427.06	\$474.67
	60-63	\$388.79	\$415.36	\$433.17	\$481.85
Children	1 or 2	\$170.19	\$183.84	\$192.74	\$227.93
	3 or more	\$340.39	\$367.75	\$385.56	\$455.86

To determine the quarterly, semiannual and annual rates, multiply the above quoted monthly rates by 2.864, 5.618, and 10.909, respectively.

PHYSICIANS MUTUAL INSURANCE COMPANY

Omaha, Nebraska

TABLE OF RATES

CATASTROPHIC MEDICAL EXPENSE RIDER
Form R184 Series

		Monthly Premium When Attached To the Basic Policy With The "PB30" Coverage Combination And Subject To A Benefit Period Deductible Of:			Monthly Premium When Attached To the Basic Policy With The "PB40" Coverage Combination And Subject To A Benefit Period Deductible Of:		
Principle Insured Issue Age		\$0	\$500	\$2500	\$0	\$500	\$2500
All Adults	18-24	\$468.21	\$454.85	\$400.06	\$377.37	\$374.21	\$363.58
	25-29	\$533.20	\$516.25	\$454.35	\$429.43	\$425.41	\$411.62
	30-34	\$584.98	\$566.23	\$498.16	\$462.82	\$457.80	\$443.08
	35-39	\$636.03	\$614.63	\$540.31	\$493.13	\$487.17	\$471.16
	40-44	\$692.55	\$670.43	\$588.64	\$524.58	\$518.48	\$501.89
	45-49	\$897.79	\$869.13	\$763.36	\$647.74	\$639.12	\$617.00
	50-54	\$1,067.84	\$1,031.79	\$906.84	\$809.03	\$798.97	\$772.26
	55-59	\$1,313.86	\$1,271.42	\$1,117.82	\$994.66	\$984.25	\$952.22
	60-63	\$1,454.11	\$1,416.41	\$1,244.71	\$1,098.07	\$1,092.47	\$1,063.38
Children		\$447.67	\$432.74	\$348.29	\$384.33	\$381.97	\$371.27

To determine the quarterly, semi-annual and annual rates, multiply the above-quoted monthly rates by 2.864, 5.618, and 10.909 respectively.

CURRENT RATE SCHEDULES

PHYSICIANS MUTUAL INSURANCE COMPANY

2600 Dodge Street
Omaha, Nebraska 68131

**Form P231
Preferred Risks**

Monthly Premium Rates

<u>Sex</u>	<u>Age Group</u>	<u>\$10 Daily Room Benefit</u>	<u>None</u>	<u>\$250</u>	<u>\$500</u>	----- Base Plan ----- ----- Deductible -----					
						<u>\$750</u>	<u>\$1,000</u>	<u>\$2,500</u>	<u>\$5,000</u>	<u>\$10,000</u>	<u>\$25,000</u>
Male	Thru 24	\$0.56	\$843.85	\$714.00	\$551.76	\$480.01	\$422.00	\$303.45	\$194.88	\$137.94	\$82.80
	25-29	\$0.60	\$889.01	\$752.21	\$581.30	\$505.70	\$444.59	\$319.74	\$205.28	\$145.30	\$87.22
	30-34	\$0.68	\$1,017.79	\$861.19	\$665.49	\$579.01	\$509.06	\$366.04	\$235.06	\$166.41	\$99.82
	35-39	\$0.80	\$1,198.19	\$1,013.94	\$783.55	\$681.69	\$599.22	\$430.92	\$276.70	\$195.87	\$117.57
	40-44	\$0.98	\$1,455.83	\$1,231.98	\$952.01	\$828.22	\$728.08	\$523.62	\$336.18	\$238.00	\$142.77
	45-49	\$1.21	\$1,829.48	\$1,548.12	\$1,196.31	\$1,040.78	\$914.86	\$657.96	\$422.41	\$299.12	\$179.42
	50-54	\$1.55	\$2,306.22	\$1,951.55	\$1,508.11	\$1,312.08	\$1,153.44	\$829.45	\$532.54	\$377.01	\$226.22
	55-59	\$1.92	\$2,873.20	\$2,431.23	\$1,878.81	\$1,634.59	\$1,436.85	\$1,033.33	\$663.44	\$469.70	\$281.85
	60-64	\$2.34	\$3,517.25	\$2,976.29	\$2,299.92	\$2,000.96	\$1,758.95	\$1,264.95	\$812.10	\$575.00	\$345.02
Female	Thru 24	\$0.74	\$1,108.03	\$937.61	\$724.56	\$630.39	\$554.14	\$398.52	\$255.84	\$181.14	\$108.65
	25-29	\$0.81	\$1,211.12	\$1,024.82	\$791.98	\$689.05	\$605.68	\$435.59	\$279.65	\$197.99	\$118.80
	30-34	\$0.93	\$1,378.59	\$1,166.53	\$901.44	\$784.28	\$689.38	\$495.80	\$318.26	\$225.40	\$135.24
	35-39	\$1.02	\$1,545.99	\$1,308.23	\$1,010.91	\$879.52	\$773.16	\$556.02	\$356.96	\$252.73	\$151.60
	40-44	\$1.20	\$1,803.71	\$1,526.27	\$1,179.45	\$1,026.13	\$902.10	\$648.72	\$416.44	\$294.86	\$176.89
	45-49	\$1.39	\$2,087.12	\$1,766.07	\$1,364.85	\$1,187.39	\$1,043.80	\$750.66	\$481.89	\$341.25	\$204.70
	50-54	\$1.58	\$2,370.53	\$2,005.96	\$1,550.16	\$1,348.65	\$1,185.51	\$852.60	\$547.35	\$387.56	\$232.52
	55-59	\$1.81	\$2,705.56	\$2,289.45	\$1,769.18	\$1,539.20	\$1,353.07	\$973.03	\$624.74	\$442.30	\$265.41
	60-64	\$1.90	\$2,860.19	\$2,420.27	\$1,870.31	\$1,627.15	\$1,430.38	\$1,028.67	\$660.42	\$467.58	\$280.55
Dependent	1	\$0.40	\$572.55	\$484.51	\$374.39	\$325.71	\$286.35	\$205.93	\$132.21	\$93.60	\$56.13
Children	2	\$0.80	\$1,145.07	\$969.02	\$748.76	\$651.41	\$572.71	\$411.82	\$264.48	\$187.16	\$112.27
	3 or more	\$1.20	\$1,717.60	\$1,453.53	\$1,123.13	\$977.12	\$859.06	\$617.73	\$396.72	\$280.74	\$168.41

To determine the automatic bank withdrawal, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 0.95, 2.90, 5.60, and 11.00, respectively.

Add \$6.00 Policy Fee (\$10.00 for Family Plan) to first premium only.

PHYSICIANS MUTUAL INSURANCE COMPANY

2600 Dodge Street
Omaha, Nebraska 68131

**Form P231
Standard Risks**

Monthly Premium Rates

<u>Sex</u>	<u>Age Group</u>	<u>\$10 Daily Room Benefit</u>	----- Base Plan ----- ----- Deductible -----								
			<u>None</u>	<u>\$250</u>	<u>\$500</u>	<u>\$750</u>	<u>\$1,000</u>	<u>\$2,500</u>	<u>\$5,000</u>	<u>\$10,000</u>	<u>\$25,000</u>
Male	Thru 24	\$0.70	\$1,054.77	\$892.53	\$689.71	\$600.04	\$527.47	\$379.38	\$243.57	\$172.47	\$103.50
	25-29	\$0.74	\$1,111.22	\$940.31	\$726.60	\$632.11	\$555.69	\$399.67	\$256.57	\$181.63	\$108.98
	30-34	\$0.84	\$1,272.23	\$1,076.53	\$831.90	\$723.74	\$636.28	\$457.51	\$293.80	\$207.98	\$124.77
	35-39	\$1.00	\$1,497.72	\$1,267.41	\$979.41	\$852.11	\$749.02	\$538.67	\$345.83	\$244.87	\$146.94
	40-44	\$1.21	\$1,819.82	\$1,539.93	\$1,190.01	\$1,035.29	\$910.12	\$654.53	\$420.21	\$297.48	\$178.52
	45-49	\$1.52	\$2,286.83	\$1,935.10	\$1,495.34	\$1,300.95	\$1,143.62	\$822.41	\$528.04	\$373.82	\$224.34
	50-54	\$1.93	\$2,882.77	\$2,439.41	\$1,885.11	\$1,640.08	\$1,441.75	\$1,036.85	\$665.65	\$471.26	\$282.75
	55-59	\$2.39	\$3,591.46	\$3,039.04	\$2,348.52	\$2,043.18	\$1,796.10	\$1,291.71	\$829.28	\$587.11	\$352.30
	60-64	\$2.93	\$4,396.53	\$3,720.32	\$2,874.92	\$2,501.19	\$2,198.71	\$1,581.17	\$1,015.17	\$718.75	\$431.25
Female	Thru 24	\$0.93	\$1,385.06	\$1,172.01	\$905.70	\$787.97	\$692.65	\$498.18	\$319.82	\$226.47	\$135.90
	25-29	\$1.01	\$1,513.92	\$1,281.07	\$989.97	\$861.27	\$757.12	\$544.48	\$349.60	\$247.49	\$148.50
	30-34	\$1.15	\$1,723.20	\$1,458.20	\$1,126.85	\$980.40	\$861.76	\$619.75	\$397.87	\$281.69	\$169.03
	35-39	\$1.29	\$1,932.49	\$1,635.25	\$1,263.64	\$1,099.36	\$966.49	\$695.02	\$446.22	\$315.89	\$189.57
	40-44	\$1.50	\$2,254.59	\$1,907.86	\$1,474.32	\$1,282.62	\$1,127.58	\$810.87	\$520.59	\$368.58	\$221.15
	45-49	\$1.74	\$2,608.94	\$2,207.63	\$1,706.02	\$1,484.22	\$1,304.71	\$938.34	\$602.41	\$426.50	\$255.92
	50-54	\$1.98	\$2,963.20	\$2,507.49	\$1,937.72	\$1,685.81	\$1,481.93	\$1,065.73	\$684.22	\$484.43	\$290.69
	55-59	\$2.26	\$3,381.93	\$2,861.83	\$2,211.48	\$1,923.98	\$1,691.37	\$1,216.35	\$780.93	\$552.91	\$331.76
	60-64	\$2.38	\$3,575.26	\$3,025.38	\$2,337.88	\$2,033.94	\$1,788.00	\$1,285.81	\$825.52	\$584.49	\$350.66
Dependent	1	\$0.40	\$572.55	\$484.51	\$374.39	\$325.71	\$286.35	\$205.93	\$132.21	\$93.60	\$56.13
Children	2	\$0.80	\$1,145.07	\$969.02	\$748.76	\$651.41	\$572.71	\$411.82	\$264.48	\$187.16	\$112.27
	3 or more	\$1.20	\$1,717.60	\$1,453.53	\$1,123.13	\$977.12	\$859.06	\$617.73	\$396.72	\$280.74	\$168.41

To determine the automatic bank withdrawal, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 0.95, 2.90, 5.60, and 11.00, respectively.

Add \$6.00 Policy Fee (\$10.00 for Family Plan) to first premium only.

PHYSICIANS MUTUAL INSURANCE COMPANY

2600 Dodge Street
Omaha, Nebraska 68131

Form R269

Accident Expense Rider to Attach to the P231

Monthly Premium Rates

<u>Plan</u>	----- Base Policy Deductible -----							
	<u>\$250</u>	<u>\$500</u>	<u>\$750</u>	<u>\$1,000</u>	<u>\$2,500</u>	<u>\$5,000</u>	<u>\$10,000</u>	<u>\$25,000</u>
Individual	\$33.00	\$40.25	\$50.25	\$58.50	\$76.75	\$98.25	\$120.00	\$136.25
Family	\$107.25	\$123.25	\$152.75	\$179.75	\$238.25	\$310.75	\$379.00	\$433.25

To determine the automatic bank withdrawal, quarterly, semiannual, and annual rates, multiply the monthly rates by 0.95, 2.90, 5.60, and 11.00, respectively.

PHYSICIANS MUTUAL INSURANCE COMPANY

2600 Dodge Street
Omaha, Nebraska 68131

Form P232

Monthly Premium Rates

<u>Sex</u>	<u>Age Group</u>	<u>\$10 Daily Room Benefit</u>	<u>\$500</u>	<u>\$750</u>	----- Base Plan ----- ----- Deductible -----				
					<u>\$1,000</u>	<u>\$2,500</u>	<u>\$5,000</u>	<u>\$10,000</u>	<u>\$25,000</u>
Male	Thru 24	\$0.62	\$477.71	\$415.61	\$359.12	\$262.71	\$151.81	\$119.41	\$71.70
	25-29	\$0.65	\$503.24	\$437.79	\$378.40	\$276.74	\$159.87	\$125.83	\$75.50
	30-34	\$0.75	\$576.21	\$501.34	\$433.17	\$316.94	\$183.05	\$144.03	\$86.45
	35-39	\$0.88	\$678.32	\$590.15	\$509.94	\$373.06	\$215.55	\$169.56	\$101.75
	40-44	\$1.07	\$824.16	\$716.98	\$619.66	\$453.27	\$261.90	\$206.04	\$123.66
	45-49	\$1.34	\$1,035.63	\$901.02	\$778.63	\$569.60	\$329.07	\$258.91	\$155.35
	50-54	\$1.70	\$1,305.59	\$1,135.85	\$981.59	\$718.06	\$414.89	\$326.44	\$195.81
	55-59	\$2.12	\$1,626.51	\$1,415.03	\$1,222.94	\$894.59	\$516.82	\$406.65	\$243.97
	60-64	\$2.58	\$1,991.06	\$1,732.24	\$1,497.05	\$1,095.11	\$632.70	\$497.81	\$298.65
Female	Thru 24	\$0.81	\$627.26	\$545.70	\$471.65	\$345.00	\$199.34	\$156.79	\$94.06
	25-29	\$0.89	\$685.66	\$596.49	\$515.46	\$377.14	\$217.90	\$171.46	\$102.84
	30-34	\$1.01	\$780.44	\$678.96	\$586.80	\$429.28	\$247.95	\$195.09	\$117.05
	35-39	\$1.14	\$875.22	\$761.43	\$658.04	\$481.33	\$278.10	\$218.80	\$131.26
	40-44	\$1.33	\$1,021.06	\$888.35	\$767.67	\$561.54	\$324.45	\$255.29	\$153.17
	45-49	\$1.54	\$1,181.47	\$1,027.85	\$888.35	\$649.81	\$375.42	\$295.39	\$177.25
	50-54	\$1.75	\$1,341.98	\$1,167.53	\$1,009.02	\$738.07	\$426.47	\$335.49	\$201.33
	55-59	\$1.99	\$1,531.63	\$1,332.56	\$1,151.60	\$842.36	\$486.68	\$382.93	\$229.76
	60-64	\$2.11	\$1,619.17	\$1,408.70	\$1,217.41	\$890.52	\$514.56	\$404.84	\$242.89
Dependent	1	\$0.40	\$289.33	\$251.76	\$217.54	\$159.15	\$91.98	\$72.33	\$43.36
Children	2	\$0.80	\$578.64	\$503.47	\$435.03	\$318.25	\$183.90	\$144.69	\$86.72
	3 or more	\$1.20	\$867.96	\$755.20	\$652.55	\$477.37	\$275.85	\$217.04	\$130.08

To determine the automatic bank withdrawal, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 0.95, 2.90, 5.60, and 11.00, respectively.

Add \$6.00 Policy Fee (\$10.00 for Family Plan) to first premium only.

PHYSICIANS MUTUAL INSURANCE COMPANY

2600 Dodge Street
Omaha, Nebraska 68131

Form R267

Stop-Loss Amendment Rider

Monthly Premium Rates

<u>Sex</u>	<u>Age Group</u>	----- Base Plan ----- ----- Deductible -----						
		<u>\$500</u>	<u>\$750</u>	<u>\$1,000</u>	<u>\$2,500</u>	<u>\$5,000</u>	<u>\$10,000</u>	<u>\$25,000</u>
Male	Thru 24	\$45.38	\$39.48	\$34.12	\$24.96	\$14.42	\$11.35	\$6.81
	25-29	\$47.81	\$41.59	\$35.95	\$26.29	\$15.19	\$11.95	\$7.17
	30-34	\$54.74	\$47.62	\$41.15	\$30.11	\$17.39	\$13.68	\$8.21
	35-39	\$64.44	\$56.06	\$48.44	\$35.44	\$20.48	\$16.11	\$9.67
	40-44	\$78.30	\$68.12	\$58.87	\$43.06	\$24.88	\$19.57	\$11.74
	45-49	\$98.39	\$85.60	\$73.97	\$54.11	\$31.26	\$24.60	\$14.76
	50-54	\$124.03	\$107.91	\$93.25	\$68.22	\$39.41	\$31.01	\$18.60
	55-59	\$154.52	\$134.43	\$116.18	\$84.98	\$49.10	\$38.63	\$23.18
	60-64	\$189.15	\$164.56	\$142.22	\$104.03	\$60.11	\$47.29	\$28.37
Female	Thru 24	\$59.59	\$51.84	\$44.81	\$32.77	\$18.94	\$14.90	\$8.94
	25-29	\$65.14	\$56.67	\$48.97	\$35.83	\$20.70	\$16.28	\$9.77
	30-34	\$74.14	\$64.50	\$55.75	\$40.78	\$23.56	\$18.54	\$11.12
	35-39	\$83.15	\$72.34	\$62.51	\$45.73	\$26.42	\$20.79	\$12.47
	40-44	\$97.00	\$84.39	\$72.93	\$53.35	\$30.82	\$24.25	\$14.55
	45-49	\$112.24	\$97.65	\$84.39	\$61.73	\$35.66	\$28.06	\$16.84
	50-54	\$127.49	\$110.91	\$95.86	\$70.12	\$40.52	\$31.87	\$19.12
	55-59	\$145.51	\$126.59	\$109.40	\$80.03	\$46.23	\$36.38	\$21.83
	60-64	\$153.82	\$133.82	\$115.65	\$84.60	\$48.88	\$38.46	\$23.07
Dependent	1	\$27.49	\$23.91	\$20.67	\$15.12	\$8.74	\$6.87	\$4.12
Children	2	\$54.97	\$47.87	\$41.37	\$30.19	\$17.44	\$13.71	\$8.30
	3 or more	\$82.45	\$71.80	\$62.06	\$45.28	\$26.16	\$20.57	\$12.45

To determine the automatic bank withdrawal, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 0.95, 2.90, 5.60, and 11.00, respectively.

PHYSICIANS MUTUAL INSURANCE COMPANY

2600 Dodge Street
Omaha, Nebraska 68131

Form R272

Accident Expense Rider to Attach to the P232

Monthly Premium Rates

----- Base Policy Deductible -----

<u>Plan</u>	<u>\$500</u>	<u>\$750</u>	<u>\$1,000</u>	<u>\$2,500</u>	<u>\$5,000</u>	<u>\$10,000</u>	<u>\$25,000</u>
Individual	\$39.25	\$50.25	\$56.25	\$72.75	\$96.75	\$118.00	\$133.75
Family	\$120.00	\$149.00	\$173.00	\$232.75	\$300.25	\$365.25	\$418.00

To determine the automatic bank withdrawal, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 0.95, 2.90, 5.60, and 11.00, respectively.

PROPOSED RATE SCHEDULES

PHYSICIANS MUTUAL INSURANCE COMPANY

2600 Dodge Street
Omaha, Nebraska 68131

**Form P231
Preferred Risks**

Monthly Premium Rates

<u>Sex</u>	<u>Age Group</u>	<u>\$10 Daily Room Benefit</u>	<u>None</u>	<u>\$250</u>	<u>\$500</u>	----- Base Plan ----- ----- Deductible -----					
						<u>\$750</u>	<u>\$1,000</u>	<u>\$2,500</u>	<u>\$5,000</u>	<u>\$10,000</u>	<u>\$25,000</u>
All Adults	Thru 24	\$0.56	\$1,004.18	\$849.67	\$656.60	\$571.21	\$502.19	\$361.11	\$231.91	\$164.15	\$98.53
	25-29	\$0.60	\$1,057.92	\$895.13	\$691.75	\$601.79	\$529.06	\$380.49	\$244.28	\$172.91	\$103.79
	30-34	\$0.68	\$1,211.17	\$1,024.82	\$791.93	\$689.02	\$605.78	\$435.59	\$279.72	\$198.03	\$118.78
	35-39	\$0.80	\$1,425.85	\$1,206.59	\$932.42	\$811.21	\$713.07	\$512.80	\$329.27	\$233.08	\$139.91
	40-44	\$0.98	\$1,732.43	\$1,466.06	\$1,132.89	\$985.58	\$866.41	\$623.11	\$400.05	\$283.22	\$169.89
	45-49	\$1.21	\$2,177.08	\$1,842.26	\$1,423.61	\$1,238.52	\$1,088.69	\$782.97	\$502.67	\$355.95	\$213.51
	50-54	\$1.55	\$2,744.40	\$2,322.34	\$1,794.65	\$1,561.37	\$1,372.59	\$987.04	\$633.72	\$448.64	\$269.20
	55-59	\$1.92	\$3,419.11	\$2,893.17	\$2,235.79	\$1,945.17	\$1,709.85	\$1,229.66	\$789.50	\$558.95	\$335.41
	60-64	\$2.34	\$4,185.53	\$3,541.78	\$2,736.90	\$2,381.15	\$2,093.16	\$1,505.29	\$966.40	\$684.25	\$410.57
Dependent	1	\$0.40	\$681.33	\$576.57	\$445.52	\$387.59	\$340.76	\$245.06	\$157.33	\$111.38	\$66.79
Children	2	\$0.80	\$1,362.63	\$1,153.13	\$891.02	\$775.18	\$681.52	\$490.07	\$314.73	\$222.72	\$133.60
	3 or more	\$1.20	\$2,043.94	\$1,729.70	\$1,336.53	\$1,162.77	\$1,022.28	\$735.10	\$472.09	\$334.08	\$200.41

To determine the automatic bank withdrawal, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 0.95, 2.90, 5.60, and 11.00, respectively.

Add \$6.00 Policy Fee (\$10.00 for Family Plan) to first premium only.

PHYSICIANS MUTUAL INSURANCE COMPANY

2600 Dodge Street
Omaha, Nebraska 68131

**Form P231
Standard Risks**

Monthly Premium Rates

<u>Sex</u>	<u>Age Group</u>	<u>\$10 Daily Room Benefit</u>	<u>None</u>	<u>\$250</u>	<u>\$500</u>	----- Base Plan ----- ----- Deductible -----					
						<u>\$750</u>	<u>\$1,000</u>	<u>\$2,500</u>	<u>\$5,000</u>	<u>\$10,000</u>	<u>\$25,000</u>
All Adults	Thru 24	\$0.70	\$1,255.17	\$1,062.11	\$820.75	\$714.04	\$627.68	\$451.46	\$289.84	\$205.24	\$123.16
	25-29	\$0.74	\$1,322.35	\$1,118.97	\$864.66	\$752.21	\$661.27	\$475.61	\$305.32	\$216.14	\$129.68
	30-34	\$0.84	\$1,513.96	\$1,281.07	\$989.96	\$861.25	\$757.17	\$544.44	\$349.62	\$247.49	\$148.47
	35-39	\$1.00	\$1,782.28	\$1,508.21	\$1,165.50	\$1,014.01	\$891.34	\$641.02	\$411.54	\$291.40	\$174.86
	40-44	\$1.21	\$2,165.59	\$1,832.52	\$1,416.11	\$1,232.00	\$1,083.04	\$778.88	\$500.04	\$354.00	\$212.44
	45-49	\$1.52	\$2,721.33	\$2,302.77	\$1,779.46	\$1,548.13	\$1,360.91	\$978.67	\$628.37	\$444.84	\$266.96
	50-54	\$1.93	\$3,430.50	\$2,902.90	\$2,243.29	\$1,951.69	\$1,715.69	\$1,233.85	\$792.13	\$560.80	\$336.48
	55-59	\$2.39	\$4,273.84	\$3,616.46	\$2,794.74	\$2,431.39	\$2,137.36	\$1,537.13	\$986.85	\$698.66	\$419.23
	60-64	\$2.93	\$5,231.87	\$4,427.18	\$3,421.15	\$2,976.41	\$2,616.47	\$1,881.59	\$1,208.05	\$855.31	\$513.19
Dependent	1	\$0.40	\$681.33	\$576.57	\$445.52	\$387.59	\$340.76	\$245.06	\$157.33	\$111.38	\$66.79
Children	2	\$0.80	\$1,362.63	\$1,153.13	\$891.02	\$775.18	\$681.52	\$490.07	\$314.73	\$222.72	\$133.60
	3 or more	\$1.20	\$2,043.94	\$1,729.70	\$1,336.53	\$1,162.77	\$1,022.28	\$735.10	\$472.09	\$334.08	\$200.41

To determine the automatic bank withdrawal, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 0.95, 2.90, 5.60, and 11.00, respectively.

Add \$6.00 Policy Fee (\$10.00 for Family Plan) to first premium only.

PHYSICIANS MUTUAL INSURANCE COMPANY

2600 Dodge Street
Omaha, Nebraska 68131

Form R269

Accident Expense Rider to Attach to the P231

Monthly Premium Rates

<u>Plan</u>	----- Base Policy Deductible -----							
	<u>\$250</u>	<u>\$500</u>	<u>\$750</u>	<u>\$1,000</u>	<u>\$2,500</u>	<u>\$5,000</u>	<u>\$10,000</u>	<u>\$25,000</u>
Individual	\$39.25	\$48.00	\$59.75	\$69.50	\$91.25	\$117.00	\$142.75	\$162.25
Family	\$127.75	\$146.75	\$181.75	\$214.00	\$283.50	\$369.75	\$451.00	\$515.50

To determine the automatic bank withdrawal, quarterly, semiannual, and annual rates, multiply the monthly rates by 0.95, 2.90, 5.60, and 11.00, respectively.

R269-CA- 08/13/10

PHYSICIANS MUTUAL INSURANCE COMPANY

2600 Dodge Street
Omaha, Nebraska 68131

Form P232

Monthly Premium Rates

<u>Sex</u>	<u>Age Group</u>	<u>\$10 Daily Room Benefit</u>	----- Base Plan ----- ----- Deductible -----						
			<u>\$500</u>	<u>\$750</u>	<u>\$1,000</u>	<u>\$2,500</u>	<u>\$5,000</u>	<u>\$10,000</u>	<u>\$25,000</u>
All Adults	Thru 24	\$0.62	\$568.48	\$494.58	\$427.36	\$312.63	\$180.66	\$142.09	\$85.32
	25-29	\$0.65	\$598.86	\$520.97	\$450.30	\$329.32	\$190.25	\$149.74	\$89.84
	30-34	\$0.75	\$685.69	\$596.60	\$515.48	\$377.15	\$217.83	\$171.39	\$102.88
	35-39	\$0.88	\$807.20	\$702.28	\$606.83	\$443.95	\$256.50	\$201.77	\$121.09
	40-44	\$1.07	\$980.75	\$853.20	\$737.40	\$539.39	\$311.66	\$245.19	\$147.16
	45-49	\$1.34	\$1,232.40	\$1,072.21	\$926.57	\$677.82	\$391.59	\$308.10	\$184.86
	50-54	\$1.70	\$1,553.65	\$1,351.66	\$1,168.09	\$854.50	\$493.72	\$388.47	\$233.02
	55-59	\$2.12	\$1,935.54	\$1,683.89	\$1,455.29	\$1,064.57	\$615.02	\$483.91	\$290.33
	60-64	\$2.58	\$2,369.36	\$2,061.37	\$1,781.49	\$1,303.18	\$752.91	\$592.39	\$355.39
Dependent	1	\$0.40	\$344.30	\$299.59	\$258.87	\$189.39	\$109.45	\$86.07	\$51.60
Children	2	\$0.80	\$688.58	\$599.13	\$517.69	\$378.71	\$218.84	\$172.18	\$103.19
	3 or more	\$1.20	\$1,032.87	\$898.69	\$776.53	\$568.07	\$328.26	\$258.27	\$154.79

To determine the automatic bank withdrawal, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 0.95, 2.90, 5.60, and 11.00, respectively

Add \$6.00 Policy Fee (\$10.00 for Family Plan) to first premium only

P232-CA- 08/13/10

PHYSICIANS MUTUAL INSURANCE COMPANY

2600 Dodge Street
Omaha, Nebraska 68131

Form R267

Stop-Loss Amendment Rider

Monthly Premium Rates

<u>Sex</u>	<u>Age Group</u>	----- Base Plan ----- ----- Deductible -----						
		<u>\$500</u>	<u>\$750</u>	<u>\$1,000</u>	<u>\$2,500</u>	<u>\$5,000</u>	<u>\$10,000</u>	<u>\$25,000</u>
All Adults	Thru 24	\$54.01	\$46.98	\$40.60	\$29.70	\$17.16	\$13.50	\$8.10
	25-29	\$56.89	\$49.50	\$42.78	\$31.29	\$18.07	\$14.22	\$8.53
	30-34	\$65.14	\$56.67	\$48.97	\$35.83	\$20.69	\$16.29	\$9.77
	35-39	\$76.68	\$66.72	\$57.65	\$42.18	\$24.37	\$19.17	\$11.50
	40-44	\$93.17	\$81.06	\$70.05	\$51.24	\$29.61	\$23.29	\$13.98
	45-49	\$117.08	\$101.86	\$88.02	\$64.39	\$37.20	\$29.27	\$17.56
	50-54	\$147.60	\$128.41	\$110.97	\$81.18	\$46.90	\$36.90	\$22.14
	55-59	\$183.88	\$159.97	\$138.25	\$101.13	\$58.43	\$45.97	\$27.58
	60-64	\$225.09	\$195.83	\$169.24	\$123.80	\$71.53	\$56.27	\$33.76
Dependent	1	\$32.71	\$28.46	\$24.59	\$17.99	\$10.40	\$8.18	\$4.91
Children	2	\$65.41	\$56.96	\$49.24	\$35.92	\$20.75	\$16.32	\$9.88
	3 or more	\$98.11	\$85.45	\$73.85	\$53.89	\$31.13	\$24.47	\$14.81

To determine the automatic bank withdrawal, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 0.95, 2.90, 5.60, and 11.00, respectively.

R267-CA- 08/13/10

PHYSICIANS MUTUAL INSURANCE COMPANY

2600 Dodge Street
Omaha, Nebraska 68131

Form R272

Accident Expense Rider to Attach to the P232

Monthly Premium Rates

----- Base Policy Deductible -----

<u>Plan</u>	<u>\$500</u>	<u>\$750</u>	<u>\$1,000</u>	<u>\$2,500</u>	<u>\$5,000</u>	<u>\$10,000</u>	<u>\$25,000</u>
Individual	\$46.75	\$59.75	\$67.00	\$86.50	\$115.25	\$140.50	\$159.25
Family	\$142.75	\$177.25	\$205.75	\$277.00	\$357.25	\$434.75	\$497.50

To determine the automatic bank withdrawal, quarterly, semiannual, and annual rates, multiply the above quoted monthly rates by 0.95, 2.90, 5.60, and 11.00, respectively.

R272-CA- 08/13/10

2600 Dodge Street
Omaha, NE 68131

Area A	Area B	Area C	Area D	Area E	Area F	Area G	Area H	Area I
226	030 - 059	013 - 014	010 - 012	020 - 022	070 - 073	190	105 - 109	110 - 116
228 - 229	197	025 - 029	015 - 019	068 - 069	150 - 152	775	117 - 119	770 - 772
238 - 248	199	060 - 063	023 - 024	074 - 076	200 - 205	936 - 939	191	922
258 - 259	224 - 225	083 - 084	064 - 067	124 - 127	334	955 - 960	919 - 921	924 - 925
262 - 269	227	087	077 - 082	189	340	962 - 969	923	930 - 931
290 - 299	230 - 237	140 - 147	085 - 086	192 - 194	482		929	
430 - 431	249	154 - 179	088 - 089	207 - 214	606		932 - 935	
433	254 - 257	182 - 188	120 - 123	322	700 - 701		950 - 954	
437 - 438	270 - 276	195 - 196	128 - 139	349 - 352	773 - 774			
457 - 459	278 - 289	198	148 - 149	440 - 441	776 - 777			
465 - 476	382 - 383	215 - 221	153	480 - 481	850 - 853			
478 - 479	386 - 391	250 - 253	180 - 181	483	961			
500 - 502	393 - 394	260 - 261	206	600 - 605	995 - 999			
504 - 514	396 - 399	277	222 - 223	640 - 641				
516 - 529	400 - 429	304 - 312	300 - 303	750 - 753				
535	432	315 - 319	313 - 314	760 - 761				
539	434 - 435	323 - 326	320 - 321	857				
541 - 549	446 - 456	338	327 - 329					
555 - 569	460 - 462	363 - 365	335 - 337					
586 - 589	477	368 - 379	339					
593	486 - 487	384 - 385	341 - 348					
595 - 599	490 - 499	392	353 - 362	Area J	Area K	Area L	Area M	Area N
610 - 612	503	395	366 - 367					
623 - 624	515	439	380 - 381	103 - 104	100 - 102	331	917 - 918	900 - 916
628 - 629	536 - 538	442 - 445	436	333	330	940 - 942		
680	540	463	464	943 - 949	332			
682 - 699	550 - 554	484 - 485	532		926 - 928			
832 - 835	570 - 585	488 - 489	630 - 632					
838 - 839	590 - 592	530 - 531	660 - 662					
	594	533 - 534	702 - 704					
	607 - 609	620	707 - 709					
	613 - 619	633 - 634	711					
	621 - 622	636	762 - 763					
	625 - 627	642 - 643	782 - 784					
	635	672	800 - 802					
	637 - 639	705 - 706	854 - 856					
	644 - 659	710	858					
	663 - 671	712 - 715	861					
	673 - 679	721 - 722	864					
	681	730 - 731	890 - 899					
	716 - 720	740 - 741	970 - 972					
	723 - 729	754 - 759						
	732 - 739	764 - 769						
	742 - 749	778 - 781						
	805 - 831	785 - 799						
	836 - 837	803 - 804						
	842 - 849	840 - 841						
	870 - 889	859 - 860						
	983 - 994	862 - 863						
		865 - 869						
		973 - 982						

2600 Dodge Street
Omaha, NE 68131

Rating Areas by 3 Digit Zip Codes for P231 and P232 Policies

Area A	Area B	Area C	Area D	Area E	Area F	Area G	Area H	Area I
226	030 - 059	013 - 014	010 - 012	020 - 022	070 - 073	190	105 - 109	110 - 116
228 - 229	197	025 - 029	015 - 019	068 - 069	150 - 152	775	117 - 119	770 - 772
238 - 248	199	060 - 063	023 - 024	074 - 076	200 - 205	936 - 939	191	922
258 - 259	224 - 225	083 - 084	064 - 067	124 - 127	334	955 - 960	919 - 921	924 - 925
262 - 269	227	087	077 - 082	189	340	962 - 969	923	930 - 931
290 - 299	230 - 237	140 - 147	085 - 086	192 - 194	482		929	
430 - 431	249	154 - 179	088 - 089	207 - 214	606		932 - 935	
433	254 - 257	182 - 188	120 - 123	322	700 - 701		950 - 954	
437 - 438	270 - 276	195 - 196	128 - 139	349 - 352	773 - 774			
457 - 459	278 - 289	198	148 - 149	440 - 441	776 - 777			
465 - 476	382 - 383	215 - 221	153	480 - 481	850 - 853			
478 - 479	386 - 391	250 - 253	180 - 181	483	961			
500 - 502	393 - 394	260 - 261	206	600 - 605	995 - 999			
504 - 514	396 - 399	277	222 - 223	640 - 641				
516 - 529	400 - 429	304 - 312	300 - 303	750 - 753				
535	432	315 - 319	313 - 314	760 - 761				
539	434 - 435	323 - 326	320 - 321	857				
541 - 549	446 - 456	338	327 - 329					
555 - 569	460 - 462	363 - 365	335 - 337					
586 - 589	477	368 - 379	339					
593	486 - 487	384 - 385	341 - 348					
595 - 599	490 - 499	392	353 - 362	Area J	Area K	Area L	Area M	Area N
610 - 612	503	395	366 - 367					
623 - 624	515	439	380 - 381	103 - 104	100 - 102	331	917 - 918	900 - 916
628 - 629	536 - 538	442 - 445	436	333	330	940 - 942		
680	540	463	464	943 - 949	332			
682 - 699	550 - 554	484 - 485	532		926 - 928			
832 - 835	570 - 585	488 - 489	630 - 632					
838 - 839	590 - 592	530 - 531	660 - 662					
	594	533 - 534	702 - 704					
	607 - 609	620	707 - 709					
	613 - 619	633 - 634	711					
	621 - 622	636	762 - 763					
	625 - 627	642 - 643	782 - 784					
	635	672	800 - 802					
	637 - 639	705 - 706	854 - 856					
	644 - 659	710	858			A	0.64	
	663 - 671	712 - 715	861			B	0.71	
	673 - 679	721 - 722	864			C	0.78	
	681	730 - 731	890 - 899			D	0.86	
	716 - 720	740 - 741	970 - 972			E	0.93	
	723 - 729	754 - 759				F	1.00	
	732 - 739	764 - 769				G	1.07	
	742 - 749	778 - 781				H	1.14	
	805 - 831	785 - 799				I	1.22	
	836 - 837	803 - 804				J	1.29	
	842 - 849	840 - 841				K	1.36	
	870 - 889	859 - 860				L	1.43	
	983 - 994	862 - 863				M	1.51	
		865 - 869				N	1.58	
		973 - 982						

<i>SERFF Tracking Number:</i>	<i>PHYS-126776700</i>	<i>State:</i>	<i>California</i>
<i>Filing Company:</i>	<i>Physicians Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>PF-2010-01732</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H151 Individual Health - Hospital/Surgical/Medical Expense</i>	<i>Sub-TOI:</i>	<i>H151.001 Health - Hospital/Surgical/Medical Expense</i>
<i>Product Name:</i>	<i>HMS</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item:	Filing Cover Sheet	
Bypass Reason:	Not a form filing.	
Comments:		

	Item Status:	Status Date:
Satisfied - Item:	Actuarial Memorandum	
Comments:		
Attachments:		
STD_2010_ACTMEM.pdf		
STD_2010_EXHA.pdf		
STD_2010_EXHB.pdf		
CA_2010_ExhC.pdf		

	Item Status:	Status Date:
Satisfied - Item:	Document Submission Formset	
Comments:		
Attachment:		
CA_2010_DSF_Rev.xls		

	Item Status:	Status Date:
Satisfied - Item:	Health Rate Supplemental Form	
Comments:		
Attachment:		
CA_2010_Wksheet.xls		

	Item Status:	Status
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<i>SERFF Tracking Number:</i>	<i>PHYS-126776700</i>	<i>State:</i>	<i>California</i>
<i>Filing Company:</i>	<i>Physicians Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>PF-2010-01732</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H15I Individual Health - Hospital/Surgical/Medical Expense</i>	<i>Sub-TOI:</i>	<i>H15I.001 Health - Hospital/Surgical/Medical Expense</i>
<i>Product Name:</i>	<i>HMS</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Date:

Bypassed - Item: Third Party Authorization
Bypass Reason: Not being filed by a Third Party.
Comments:

Physicians Mutual Insurance Company
Actuarial Memorandum

This actuarial memorandum sets forth the justification for our proposed rate increase on: policy form P196 with Rider form R184 attached and rider R184, form P231 and rider form R269; and policy form P232, rider form R267 and rider form R272.

I. Policy Description

Benefits

Policy form P196 provides basic Hospital-Medical-Surgical expense coverage on a scheduled basis with pre-determined maximum benefit limits. Extended benefit rider form R184 is an optional rider issued exclusively with policy form P196. It was designed to cover costs in excess of the pre-determined limits of the base policy. After exceeding a \$100 deductible, covered expenses under the rider are paid at 80% for the first \$10,000 and 100% of expenses thereafter.

Policy form P231 provides Hospital-Medical-Surgical expense coverage. Rider form R269 provides accident expense coverage. The R269 waives the policy deductible in the event of an accident.

Policy form P232 also provides Hospital-Medical-Surgical expense coverage. Rider form R267 is a Stop-Loss rider issued exclusively with policy form P232. Rider R267 was mandatory at issue. Rider R272 is an accident expense coverage, which waives the policy deductible in the event of an accident. R272 was optionally issued exclusively with policy form P232.

Renewability and Marketing

Policy form P196 is conditionally renewable, as is the R184 rider. Both the policy and rider have been discontinued for new sales. The P196 was first issued in 1983 and the R184 in 1986.

Policy form P231 is conditionally renewable as is rider form R269. The P231 was first issued in 1992 and the R269 was first issued in 1994. The policies are subject to medical underwriting. P231 was issued as either a preferred risk policy or a standard risk policy issued to individuals who have not used tobacco products in the last 12 months and/or who have had no medical impairments as defined by our underwriting guidelines at the time of the application. R269 is an accident expense coverage rider issued on an optional basis exclusively with P231. The policy and rider were issued from ages 0 to 64. The policy and rider have been discontinued for new sales.

Policy form P232 is conditionally renewable as are R267 and R272. The P232 was first issued in 1992, and rider forms R267 and R272 in 1994. The policies were subject to medical underwriting. P232 is either a standard or a substandard risk policy with an Elimination rider and/or a Modifying rider for Specified Conditions. The policies were issued from ages 0 to 64. Issues on or after January 1, 1999 were standard underwriting class only. The policies and riders have been discontinued for new sales.

II. Anticipated Loss Ratio

The anticipated loss ratio for both the P196 and R184 is 55%, which is the amount presumed reasonable under NAIC guidelines.

The anticipated loss ratio for the P231 and R269 is 60% which is an amount presumed reasonable under NAIC guidelines.

The anticipated loss ratio for the P232, R267 and R272 for standard policies is 60% and for substandard policies is 65%, which are amounts presumed reasonable under NAIC guidelines.

III. Proposed Rate Action

Scope and Reason for Rate Increase

A 19% increase will apply evenly to all insureds that have a P196 policy with rider R184 attached. The increase will apply to both the P196 rates as well as the R184 rates. Policyholders who do not have rider R184 attached will not receive an increase. The 19% increase will apply evenly to all insureds that have a P231 policy or a P231 policy with an R269 rider. The 19% increase will apply evenly to all insureds that have the P232 policy and either or both of the R267 and the R272. The increases will apply to all policies and attached riders. These increases are needed to return future loss ratios to a reasonable level.

Past Rate Increase History

P196/R184

Year	% of Increase	Policies Affected	Notes
1991	6.8%	All	Introduction of geographic rating.
1992	16%	P196	
1993	25%	R184	This resulted in a 25% increase overall for policies with the R184 attached. Policies without the R184 did not receive an increase.
1994	25%	P196 with R184 attached	P196 Policies without the R184 did not receive an increase.
1996	25%	P196 with R184 attached	P196 Policies without the R184 did not receive an increase.
1997	15%	P196 with R184 attached	P196 Policies without the R184 did not receive an increase.
1998	15%	P196 with R184 attached	P196 Policies without the R184 did not receive an increase.
1999	15%	P196 with R184 attached	
2000	15%	P196 with R184 attached	P196 Policies without the R184 did not receive an increase.
2001	22% 5%	P196 with R184 attached P196 without the R184 attached	
2002	22% 9%	P196 with R184 attached P196 without the R184 attached	
2003	48% 19%	P196 with R184 attached P196 without the R184 attached	
2004	48%	P196 with R184 attached	P196 Policies without the R184 did not receive an increase.
2005	25%	P196 with R184 attached	P196 Policies without the R184 did not receive an increase.
2006	25%	P196 with R184 attached	P196 Policies without the R184 did not receive an increase.
2007	25%	P196 with R184 attached	P196 Policies without the R184 did not receive an increase.
2008	19%	P196 with R184 attached	P196 Policies without the R184 did not receive an increase.
2009	19%	P196 with R184 attached	P196 Policies without the R184 did not receive an increase.

P231/P232

Year	% of Increase	Policies Affected
1996	19%	P231, P232, R269, R267 & R272
1997	10%	P231, P232, R269, R267 & R272
1998	8% 15%	P231, R269 P232, R267 & R272
1999	15%	P231, P232, R269, R267 & R272
2000	15% 19.5%	P231, R269 P232, R267 & R272
2001	17% 17%	P231, R269 P232, R267 & R272
2002	22% 22%	P231, R269 P232, R267 & R272
2003	48% 48%	P231, R269 P232, R267 & R272
2004	48% 48%	P231, R269 P232, R267 & R272
2005	25% 25%	P231, R269 P232, R267 & R272
2006	25% 25%	P231, R269 P232, R267 & R272
2007	25% 25%	P231, R269 P232, R267 & R272
2008	19% 19%	P231, R269 P232, R267 & R272
2009	19% 19%	P231, R269 P232, R267 & R272

Method of Rate Increase Calculation

Exhibit A-1 displays the separated national experience of the P196 alone.

Exhibit A-2 displays the total national experience for the P196 with the R184 rider attached, the P231/R269 block and the P232/R267/R272 block. This report shows up-to-date experience for prior years instead of what was previously filed. Based on this experience and projected trend, we propose a 19% increase on the P196 when the R184 is attached, and 19% on the R184 rates, as well as 19% on the P231/R269 policies and the P232/R267/R272 policies. No rate increase is proposed for the P196 without the R184 rider.

The calculations of the indicated increases are illustrated in Exhibit B. The proposed increases are designed to gradually bring future loss ratios down to the target level, i.e. 55% for the P196 when the R184 is attached, 60% for P231, 60% for standard P232 and 65% for substandard P232 policies.

Estimated Average Annual Premium

<u>Coverage</u>	<u>Before Increase</u>	<u>After Increase</u>	<u>Percent Increase</u>
P196 with R184	\$13,183	\$15,688	19%
P231/R269	\$9,362	\$11,141	19%
P232/R267/R272	\$9,547	\$11,361	19%

Exhibit C indicates the number of policies by state in force as of June 30, 2010, which would be affected by this rate increase.

V. Rate Schedules

Current rate schedules and revised rate schedules which reflect the proposed increase of 19% for P196/R184, for P231/R269 and for P232/R267/R272 are attached. Area rating factors have not been revised.

V. Company Contact

Please direct any written correspondence or telephone calls to Richie Hinman. The telephone number is (402) 633-5782, or e-mail at richie.hinman@physiciansmutual.com.

ACTUARIAL CERTIFICATION

I, Brenton C. Pyle, am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries. I hereby certify, to the best of my knowledge and judgment, this rate filing is in compliance with the laws and regulations of your state, and the benefits are reasonable in relation to the premiums.



Brenton C. Pyle
Fellow, Society of Actuaries
Member, American Academy of Actuaries

PHYSICIANS MUTUAL INSURANCE COMPANY

Exhibit A-1

P196 POLICIES WITHOUT RIDER R184 ATTACHED

INCURRED YEAR	EARNED PREMIUM	INCURRED LOSSES	ACTUAL LOSS RATIO
1983	\$780,170	\$324,243	41.56%
1984	\$2,443,795	\$1,113,327	45.56%
1985	\$3,987,653	\$2,337,823	58.63%
1986	\$5,094,084	\$2,641,057	51.85%
1987	\$5,010,360	\$2,820,045	56.28%
1988	\$4,928,797	\$3,016,023	61.19%
1989	\$5,160,554	\$3,068,252	59.46%
1990	\$5,553,633	\$3,818,845	68.76%
1991	\$5,289,401	\$3,134,252	59.26%
1992	\$4,843,627	\$2,917,237	60.23%
1993	\$4,334,549	\$2,204,520	50.86%
1994	\$3,502,493	\$2,028,247	57.91%
1995	\$2,758,152	\$1,602,078	58.09%
1996	\$2,017,581	\$1,236,467	61.28%
1997	\$1,534,668	\$800,229	52.14%
1998	\$1,275,729	\$773,992	60.67%
1999	\$1,061,269	\$552,365	52.05%
2000	\$895,775	\$600,812	67.07%
2001	\$669,053	\$502,594	75.12%
2002	\$584,251	\$395,818	67.75%
2003	\$484,543	\$228,010	47.06%
2004	\$422,868	\$191,288	45.24%
2005	\$319,833	\$214,571	67.09%
2006	\$251,262	\$174,226	69.34%
2007	\$209,756	\$172,401	82.19%
2008	\$174,775	\$66,987	38.33%
2009	\$147,926	\$147,515	99.72%
ALL	\$63,736,557	\$37,083,223	58.18%

* National Experience

PHYSICIANS MUTUAL INSURANCE COMPANY

Exhibit A-2

P196 POLICIES WITH RIDER R184 ATTACHED & P231 POLICIES WITH OR WITHOUT R269 ATTACHED & P232 POLICIES WITH R267 AND WITH OR WITHOUT R272 ATTACHED

INCURRED YEAR	EARNED PREMIUM	INCURRED LOSSES	ACTUAL LOSS RATIO
1986	\$84,031	\$20,524	24.42%
1987	\$653,676	\$357,446	54.68%
1988	\$1,374,361	\$766,561	55.78%
1989	\$3,641,538	\$2,413,160	66.27%
1990	\$10,791,446	\$7,065,149	65.47%
1991	\$29,993,681	\$19,032,765	63.46%
1992	\$46,882,342	\$30,685,820	65.45%
1993	\$43,284,070	\$27,757,283	64.13%
1994	\$32,488,922	\$22,772,116	70.09%
1995	\$26,974,394	\$19,010,017	70.47%
1996	\$23,228,973	\$17,262,522	74.31%
1997	\$19,341,322	\$13,489,085	69.74%
1998	\$15,752,954	\$12,794,392	81.22%
1999	\$13,074,830	\$10,818,442	82.74%
2000	\$10,323,721	\$7,877,574	76.31%
2001	\$8,403,362	\$8,236,195	98.01%
2002	\$7,549,367	\$8,169,086	108.21%
2003	\$6,890,631	\$7,638,522	110.85%
2004	\$5,770,949	\$6,480,254	112.29%
2005	\$4,666,816	\$3,886,343	83.28%
2006	\$3,825,980	\$3,225,279	84.30%
2007	\$3,195,599	\$1,959,017	61.30%
2008	\$2,640,686	\$1,492,745	56.53%
2009	\$2,009,892	\$1,543,585	76.80%
ALL	\$322,843,543	\$234,753,882	72.71%

*National Experience

PHYSICIANS MUTUAL INSURANCE COMPANY

Exhibit B

CALCULATION OF NECESSARY RATE INCREASE

Displayed below is the combined 2008 and 2009, P196/R184, P231 and P232 experience with claim payments through June 30, 2010:

<u>Incurred Year</u>	<u>Earned Premium</u>	<u>Incurred Losses</u>	<u>Loss Ratio</u>
2008 & 2009	4,650,578	3,036,330	65.3%

The above experience, with premiums re-stated to give full credit to all past increases, is cited below:

<u>Incurred Year</u>	<u>Adjusted Earned Premium</u>	<u>Incurred Losses</u>	<u>Loss Ratio</u>
2008 & 2009	5,924,598	3,036,330	51.2%

Based on the 2008 and 2009 loss ratio and the trend we expect to occur from January 1, 2009, to July 1, 2011, the necessary increase is calculated as follows:

$$\text{Indicated Rate Increase} = \frac{\text{2008 \& 2009 Adjusted Loss Ratio} \times \text{Trend Projection}}{\text{Anticipated Loss Ratio}} - 1$$

$$\text{Indicated Rate Increase} = \frac{51.2 \times (1.19)^{(30/12)}}{58.8} - 1 = 34.6\%$$

July 1, 2011, is the approximate mid-point of premium earned at the higher rate. The annual trend factor is 19%, which reflects to some extent the wearing off of underwriting selection.

Although our past experience indicates that 34.6% increase is needed, we do not believe that would be appropriate at this time. Instead, we propose an across-the-board increase of 19% which is designed to gradually lower our future loss ratios.

PHYSICIANS MUTUAL INSURANCE COMPANY

2600 Dodge Street Omaha, NE 68131

STATE OF CALIFORNIA

In Force as of June 30, 2010

Policy Form	State In Force	National In Force
P196	2	83
<i>Total In Force</i>	2	83

PHYSICIANS MUTUAL INSURANCE COMPANY

2600 Dodge Street Omaha, NE 68131

STATE OF CALIFORNIA

In Force as of June 30, 2010

Policy Form	State In Force	National In Force
P196/R184	3	36
P231	2	88
<i>Total In Force</i>	5	124

<i>SERFF Tracking Number:</i>	<i>PHYS-126776700</i>	<i>State:</i>	<i>California</i>
<i>Filing Company:</i>	<i>Physicians Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>PF-2010-01732</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H15I Individual Health - Hospital/Surgical/Medical Expense</i>	<i>Sub-TOI:</i>	<i>H15I.001 Health - Hospital/Surgical/Medical Expense</i>
<i>Product Name:</i>	<i>HMS</i>		
<i>Project Name/Number:</i>	<i>/</i>		

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<i>SERFF Tracking Number:</i>	<i>PHYS-126776700</i>	<i>State:</i>	<i>California</i>
<i>Filing Company:</i>	<i>Physicians Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>PF-2010-01732</i>
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<i>Product Name:</i>	<i>HMS</i>		
<i>Project Name/Number:</i>	<i>/</i>		

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<i>SERFF Tracking Number:</i>	<i>PHYS-126776700</i>	<i>State:</i>	<i>California</i>
<i>Filing Company:</i>	<i>Physicians Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>PF-2010-01732</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H15I Individual Health - Hospital/Surgical/Medical Expense</i>	<i>Sub-TOI:</i>	<i>H15I.001 Health - Hospital/Surgical/Medical Expense</i>
<i>Product Name:</i>	<i>HMS</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
08/19/2010		Supporting Document Submission Formset Document	08/27/2010	CA_2010_DSF.xls (Superceded)

<i>SERFF Tracking Number:</i>	<i>PHYS-126776700</i>	<i>State:</i>	<i>California</i>
<i>Filing Company:</i>	<i>Physicians Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>PF-2010-01732</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H15I Individual Health - Hospital/Surgical/Medical Expense</i>	<i>Sub-TOI:</i>	<i>H15I.001 Health - Hospital/Surgical/Medical Expense</i>
<i>Product Name:</i>	<i>HMS</i>		
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